

by the presence of *fæces* in the peritoneal cavity, the immediate cessation of it on cleansing the parts, and the non development of second-day peritonitis.--*Brit. Med. Jour.*, March 1, 1890.

H. BEECKMAN DELATOUR (Brooklyn).

IV. Case of Enormous Acute Abscess of the Abdominal Wall; Recovery. By Dr. LEONTY P. ALEXANDROFF (Moscow, Russia). The writer records the following exceedingly rare case: A previously generally healthy little girl of 3 years and 7 months, of a healthy family, had had a sharp attack of acute colitis. About a month after a complete recovery from the disease there appeared a gradually increasing enlargement of the abdomen, accompanied by high fever, semi-conscious state (of 4 days' duration), and vomiting. On the eleventh day of the affection, the navel (which became very prominent) burst, and an enormous quantity of pus escaped. When admitted to St. Olga's Hospital for Children, on the twenty-first day (of the disease), the child was extremely emaciated and exhausted. In the umbilical region there was situated a fistula, encircled with flabby fungating granulations, and profusely discharging a thin, greenish pus. The recti abdominis were sharply delineated, while the abdomen was neither distended, nor markedly tender on palpation. The child's stools remained regular all through. On examination (under chloroform), by means of a thick and long silver probe, there was discovered a cavity, lying between the anterior abdominal wall and parietal layer of the peritoneum, and occupying the whole region from the diaphragm down to the navel on the median line, and to a point in two fingers' breadth above the anterior superior iliac spine on either side. The abscess, seemingly, extended far backward beneath the diaphragm, and encroached the axillary lines in lateral direction. The treatment consisted in opening the abscess with two vertical incisions, each 4 cm. long, at the level of the navel and slightly below the costal arches. The cavity was thoroughly washed out with a boracic acid solution and supplied with drainage-tubes, the remaining portions of the wounds being closed with silk. The after-course was most satisfactory. Fever rapidly subsided, the discharge quickly decreased, the

wounds healing *per primam*. On the thirty-fourth day after operation, the child left well, having gained in weight 2,330 grammes.—*Bolnitchnaia Gazeta Botkina*, Nos. 16 and 17, 1890, p. 376.

VALERIUS IDELSON (Berne).

V. Contribution to the Surgery of the Stomach. By PROF. G. F. NOVARO (Siena, Italy). The author after giving a historical sketch of the surgery of the stomach reports, *in extenso*, 14 cases in which operative procedure was necessary on account of stenosis of the pylorus. Among these are 13 cases of his own and one of his assistant. He performed 3 times pylorotomy, 5 times pyloroplasty and 6 times gastro-enterostomy (according to Wölfler's method). In 1 case of carcinoma he performed resection with success. In 4 other cases of carcinoma he performed gastro-enterostomy. In all other cases cicatricial stenosis was the indication for operative interference. Of the 5 patients afflicted with carcinoma 3 were improved and 2 died. Of those patients which were operated on for cicatricial stenosis, 9 in number, 7 were cured and only 2 died. Six of these remained permanently well, and 1 of them died from the consequence of a subsequent operation. The author considers in this work also the causes of stenosis of the pylorus and the different methods of operation.

Among the causes of stenosis the writer mentions: Neoplasms, cicatricial stenosis following the action of caustic fluids, round ulcer, cicatrices in tuberculous ulcers of the duodenum. As to frequency, neoplasms, especially carcinoma, take the first rank; then follow cicatricial stenosis from the action of caustic fluids, round ulcer and, finally, tuberculous ulcers of the duodenum. Novaro, also, calls attention to circumscribed peritonitis and chronic gastritis as causes of pyloric stenosis. As rare causes of stenosis he enumerates: Syphilitic gummata, tumors of the gall-bladder, tumors of the periportal lymphatic glands and pancreas. He refers, also, to the rare cases of congenital stenosis.

Not considering especially the procedures which were used in certain isolated cases, as that of Bernay's (gastrotomy with subsequent cutting of the tumor), or Ceccarelli's method (incision of the neoplastic